



# Wyoming Livestock Board

"Safeguarding Wyoming's Livestock Industry Today and for the Future"

2020 Carey Avenue 4<sup>th</sup> Floor, Cheyenne, Wyoming 82002-0051  
Phone: (307) 777-7515 ■ Fax: (307) 777-6561 ■ Web Site: <http://wlsb.state.wy.us>



## Interstate Livestock Animal Health Movement Agreement

(Revised 01-09-02)

The State Veterinarian *must* receive this agreement for approval at least **two weeks** prior to the movement date. This agreement is good for Bovine and Ovine and EIA Negative Equine used to manage the Bovine and Ovine herds. This agreement does **not** negate any brand inspection requirements.

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Name of Herd Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Town County State Zip

Telephone Number: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

Location of Ranch in Home State: \_\_\_\_\_

Total Number of cattle in herd to be grazed out of state: \_\_\_\_\_

Brand:

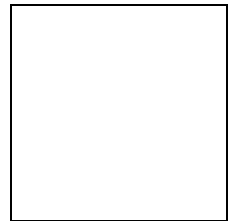
Total Number of sheep in herd to be grazed out of state: \_\_\_\_\_

Bulls: \_\_\_\_\_ Bulls: (Virgin): \_\_\_\_\_ Cows: \_\_\_\_\_ Calves: \_\_\_\_\_

Heifers: \_\_\_\_\_ Steers: \_\_\_\_\_

Rams: \_\_\_\_\_ Ewes: \_\_\_\_\_ Lambs: \_\_\_\_\_ Wethers: \_\_\_\_\_

Horses: \_\_\_\_\_



*Wyoming requires Brucellosis Vaccination on all female Bovinae over twelve (12) months of age entering the state*

Number of Brucellosis Non-Vaccinates: \_\_\_\_\_ Culling Rate: \_\_\_\_\_

Time necessary to eliminate Brucellosis Non-Vaccinates: \_\_\_\_\_ Location of Brand: \_\_\_\_\_

Are all heifer calves Brucellosis vaccinated each year? Yes \_\_\_\_\_ No \_\_\_\_\_

Are all purchased replacement females official Brucellosis vaccinates: Yes \_\_\_\_\_ No \_\_\_\_\_

*.Wyoming requires an annual negative Trichomoniasis test. The results must accompany this application.*

Date of Trichomoniasis Test: \_\_\_\_\_

Name of your Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

I am the veterinarian for this herd. The animals in this herd are healthy and there is no evidence of contagious or infectious disease. I am familiar with the herd management and history and to the best of my knowledge, animals from this herd pose no disease threat.

Veterinarians Signature: \_\_\_\_\_

This is to certify that the herd requesting permission to graze is an established breeding herd and has not been assembled within the last six (6) months. I further certify that any purchased female additions to this herd eighteen (18) months or older, from any state not Brucellosis Class Free have been tested negative for Brucellosis **Prior to Entry into** the herd.

Destination: \_\_\_\_\_  
Nearest Town, State (Description – if under fence, so state)

Name of Owner of Property of Destination: \_\_\_\_\_

Time Spent in State of Destination: \_\_\_\_\_ through \_\_\_\_\_  
Month-Date-Year Month-Date-Year

Is land leased or owned?: \_\_\_\_\_

I agree to all the conditions of this contract: The following must accompany the shipment both ways:

1. A Copy of this permit.
2. A current brand inspection.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**This permit must be renewed in writing on a yearly basis. This agreement expires on December 31<sup>st</sup>. Commuter agreements are for breeding herds only - NO TRADER CATTLE.**

**Owner:** Please mail these forms to the State Veterinarian of your state for his approval. He will then forward it back to the State Veterinarian from the state of destination who, upon approval, will forward the same back to you.

#### **State Veterinarians**

COLORADO: Dr. Wayne Cunningham, 700 Kipling St., Ste 4000, Lakewood, CO 80215-5894, Office Phone: (303) 239-4161, Office Fax: (303) 239-4164

IDAHO: Dr. Bob Hillman, P.O. Box 7249, Boise, ID 83707  
Office Phone: (208) 332-8540, Office Fax: (208) 334-4062

MONTANA: Dr. Arnold Gertenson, P.O. Box 202001, Capitol Station, 6<sup>th</sup> & Roberts, Helena, MT 59620-2001. Office Phone: (406) 444-2043, Office Fax: (406) 444-1929

NEBRASKA: Dr. Larry Williams, P.O. Box 94787, 301 Centennial Mall, South, 4<sup>th</sup> Flr., Lincoln, NE 68509. Office Phone: (402) 471-2351, Office Fax: (402) 471-3252

SOUTH DAKOTA: Dr. S.D. Holland, 411 South Fort Street, Pierre, SD 57501, Office Phone: (605) 773-3321, Office Fax: (605) 773 5459

UTAH: Dr. Michael Marshall, P.O. Box 146500, 350 N Redwood Rd., Salt Lake City, UT 84114-6500, Office Phone: (801) 538-7160, Office Fax: (801) 538-7169

WYOMING: Dr. Jim Logan, 2020 Carey Ave., 4<sup>th</sup> Floor, Cheyenne, WY 82002, Office Phone: (307) 777-6443, Office Fax: (307) 777-6561

#### **For Official Use Only Approval – Official of State of Origin**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

#### **Approval – Official of State of Destination**

I hereby approve your agreement for movement of cattle as specified in your agreement upon the recommendation of your State Veterinarian, to be accompanied by this certificate plus a current Brand Inspection Certificate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_